

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
3	1					
10	1					
11	1					
12	1					
13	1					
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TOTAL IND.	5					
T TAL DEP.	2					
T TAL CLAIMS	7					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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